

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
REPORT OF ADDRESS CHANGE

FOR DRA USE ONLY

PLEASE CHECK ONE TYPE FROM EACH COLUMN (A & B)

A: ENTITY TYPE

- ☐ Corporation ☐ Combined Filer
☐ Proprietorship ☐ Fiduciary
☐ Partnership ☐ Non-Profit
☐ Individuals (for Interest & Dividends filers only)

B: TAX TYPE

- ☐ Business Profits & Business Enterprise Tax
☐ Interest & Dividends
☐ Other Tax Type: _____

Not for use for Meals & Rentals Tax or Communications Services Tax.
 Meals & Rentals Operators use Form CD-100.
 Communications Services Tax use Form DP-144.

PRIOR MAILING ADDRESS

BUSINESS NAME
PROPRIETOR'S NAME or INDIVIDUAL NAME
NUMBER & STREET ADDRESS
ADDRESS (continued)
CITY/TOWN, STATE & ZIP CODE

NEW MAILING ADDRESS

BUSINESS NAME	
PROPRIETOR'S NAME or INDIVIDUAL NAME	PHONE NUMBER
NUMBER & STREET ADDRESS	
ADDRESS (continued)	
CITY/TOWN, STATE & ZIP CODE	

If signed by a corporate officer or fiduciary on behalf of the taxpayer, I certify that I have the authority to sign this address change on behalf of the taxpayer.

FOR DRA USE ONLY

X

SIGNATURE (IN INK)

DATE

X

PRINT NAME & TITLE

DATE

MAIL TO: NH DRA
 PO BOX 637
 CONCORD NH 03302-0637